

THIRD PARTY LIABILITY

Expansion of descriptions of procedures and methodologies listed in 4.22(b) of the State Plan.

§433.138(d) (1) & (1) The Welfare Division has an Interagency Agreement with the Department of Employment, Training and Rehabilitation, Employment Security Division (ESD) for a data match in Bendex tape format. The tape matches names and SSNs of Medicaid recipients with records from ESD. At the time of application for assistance, a match is done automatically on a daily tape and information is available to the Eligibility Certification Specialist (ECS) on the computer screen. After the initial match has occurred, the ECS is alerted with output only if there is a change. This includes any changes for previously unmatched applicants. The Division also receives quarterly wage reports from ESD for matched recipients.

The Division is the State IV-A agency. All employment information is utilized to determine Medicaid eligibility and employment third party liability (TPL) information is sent to Medicaid's fiscal agent (FA) for input into the TPL master file.

Support Enforcement (IV-D) has an automated quarterly match with ESD's quarterly wage report and can obtain information upon request. IV-D will follow up on court ordered health insurance or will seek a court order on employed non-custodial parents. TPL information on court ordered health insurance is sent to Medicaid's FA for input into the TPL master file.

§433.138(d) (4) The Division has an agreement with the State Industrial Insurance System (SIIS) to tape match Medicaid recipients by name and SSN against the open SIIS claims file. A quarterly report of matched Medicaid recipients and open SIIS claims was sent to Medicaid's FA for follow up by the TPL Unit until SIIS inadvertently omitted the production of this report during a major data processing system conversion. The Division has requested re-establishment of this report.

The Department of Motor Vehicles and Public Safety (DMV&PS) has a computerized system containing information of individuals involved in accidents, associated injuries for Nevada Highway Patrol reported accidents only. No medical insurance coverage information is reported. (A copy of the letter from DMV&PS is attached.)

§433.138(e) The Medicaid claims processing system on a per claim basis edits for ICD-9 codes 800 through 999 and E series trauma codes with the following exceptions:

900-919.5, covers insect bites and splinters  
921.3, contusion of eye base  
930, eye-related trauma  
931-939.9, foreign body, ear, nose, face, scalp, neck  
942.22, covers blisters  
944.20, covers epidermal blisters  
946.2, blisters epidermia  
E950-958.8, suicide  
960-979.9, poison by psychotropic agent, medicines  
989.5, snake bite  
990-995.89, radiation sickness, motion sickness, frost bite  
996-998.9, unspecified and not classified elsewhere  
999.8, transfusion reaction

The exceptions are the unproductive trauma codes Nevada elected to exempt from the list identified in Medicaid Regional Memorandum 93-130.

- §433.138(g)(1)(i) (2) Within 45 days from application, redetermination, or anytime  
and (g)(2)(i) TPL is discovered, the Division verifies TPL coverage, incorporates the information into the eligibility case file and sends the TPL information to Medicaid's FA. The FA inputs the information into the TPL master file weekly to trigger edits for claims processing.
- §433.138(g)(3)(i) (3) N/A The information is not available through Nevada's  
and (iii) Department of Motor Vehicles and Public Safety.
- §433.138(g)(4)(i) (4) Claims which edit for ICD-9 trauma codes 800 through 999 and  
through (iii) E series with the exceptions listed in paragraph (1) above are referred to the FA Subrogation Unit for follow-up if the billed amount of the claim is greater than the tolerance level. The claim is reviewed to determine if the nature of the trauma is one which warrants follow-up (e.g., a broken leg as a result of a fall in individual's own home versus a traffic accident). If an investigation is not in process or probable liability has not been established at the time the claim was filed, the investigator will begin research to determine if a probable third party is liable. If TPL is not established within 60 days, the claim is processed for payment.

Upon discovery of a third party, post payment recovery is sought within 60 days or in the case of extensive legal actions, a lien is filed to protect the State's rights and recoup medical payments.

Information regarding probable liability and subrogation is forwarded to the Division ECS unless the information was received from the ECS, maintained in a file by the FA third party recovery unit for subrogation cases, and incorporated into the third party data base for claims processing.

The tolerance levels for suspension or termination of recovery efforts are identified in Attachment 4.22-B.